FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 17 X008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per form 16.00

SEC	USE ONLY
Prefix	Serial
DATI	E RECEIVED
	- 1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Accelerated Technologies II, L.P.
Filing Under (Check box(es) that apply:) Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Accelerated Technologies II, L.P. 08022367
Address of Executive Offices (Number and Street, City, State Zip Code) Continental Plaza, 401 Hackensack Plaza, 9th Floor, Hackensack, NJ 07601 Telephone Number (Including Area Code) 201-543-0335
Address of Principal Business Operations (Number and Street, City, State and Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business: Private investment fund making investments in medical device companies.
Type of Business Organization PROCESSE
□ corporation □ limited partnership, already formed □ other (please specify): □ limited partnership, to be formed □ other (please specify): □ limited partnership, to be formed □ other (please specify): □ limited partnership, to be formed □ other (please specify): □ limited partnership, already formed □ other (please specify): □ limited partnership, already formed □ other (please specify): □ other (please
Actual or Estimated Date of Incorporation or Organization: Month Year Financial
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filling fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities and the Appendix reliance and must be completed.
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate

federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	of .
Check Box(es) that Apply: Promoter Beneficial Owner Example Executive Officer Director General and/or Managing Member of GP	
Full Name (Last name first, if individual) Binur, Yuval	
Business or Residence Address (Number and Street, City, State, Zip Code)	_
Continental Plaza, 401 Hackensack Plaza, 9th Floor, Hackensack, NJ 07601	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Member of GP	
Full Name (Last name first, if individual) Hochman, David	
Business or Residence Address (Number and Street, City, State, Zip Code)	\dashv
Continental Plaza, 401 Hackensack Plaza, 9th Floor, Hackensack, NJ 07601	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Member of GP Managing Partner	
Full Name (Last name first, if individual)	_
Geoffrion, Rick	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Continental Plaza, 401 Hackensack Plaza, 9th Floor, Hackensack, NJ 07601	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual) Accelerated Technologies II GP, LLC)
Business or Residence Address (Number and Street, City, State, Zip Code)	╣
Continental Plaza, 401 Hackensack Plaza, 9th Floor, Hackensack, NJ 07601	
Check Box(es) that Apply: Promoter	لــــا
Full Name (Last name first, if individual)	_
Business or Residence Address (Number and Street, City, State, Zip Code)	_
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code) 8	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	_
Business or Residence Address (Number and Street, City, State, Zip Code)	_

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B.	INFORMA	TION ABOU	JT OFFERI	NG					
1. Has th	e issuer solo	d, or does th	e issuer inte	end to sell, t	o non-accre	dited invest	ors in this o	ffering?			Yes	No IX)	
2. What is the minimum investment that will be accepted from any individual? (subject to waiver)											\$ 250,000		
3. Does t	the offering p	permit joint o	ownership o	f a single un	it?	*****************			••••		Yes	No □	
commi persor states,	the informa ission or sim n to be listed , list the nan or dealer, y	ilar remune I is an asso ne of the bro	ration for so clated perso oker or deal	licitation of on or agent er. If more	purchasers of a broker than five (5	in connection or dealer re) persons to	on with sales gistered wit be listed a	of securities of the SEC a	s in the offe and/or with a	ering. If a a state or			
Full Name	(Last name	first, if indiv	idual)	-								• •	
Business (or Residence	e Address (N	Number and	Street, City	, State, Zip	Code)			_				
Name of A	Associated B	roker or Dea	aler										
	Vhich Perso All States" o											All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	(HI]	[ID]	
[1L]	[IN]	(IA)	[KS]	[KY]	(LA)	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business o	or Residence	e Address (N	Number and	Street, City	, State, Zip	Code)						<u>-</u>	
Name of A	ssociated B	roker or Dea	aler										
	Vhich Perso All States" or											All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[וב]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[ок]	[OR]	(PA)	
[RI]	(SC)	[SD]	[TN]	[ТΧ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
T CIII TYGIITO	(EBST HBITTO	mot, ii iitur	iodai)										
Business of	or Residence	e Address (N	Number and	Street, City	, State, Zip	Code)							
Name of A	ssociated B	roker or Des	ler		_								
TVBING OF A	boodated D	TOKET OF DEA	1101							,			
	Vhich Perso All States" or						•••••					All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[(0)]	
[IL]	(IN)	[/ <u>~</u>] [IA]	[KS]	[KY]	[LA]	[O1] [ME]	[DE]	[66] [MA]	(MI)	[OA] [MN]	[MS]	[MO]	
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
(DI)	[6.6]	[60]	(TAII	[[V]	נו נדדו	וייין	D/A1	DAIAI	DAD ZI	[~]	DAIN)	נייין	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	
	Equity	_			
	☐ Common ☐ Preferred	_		-	
	Convertible Securities (including warrants)	\$_		\$	
	Partnership Interests	\$_	125,000,000	\$	26,545,0000
	Other (Specify)	\$_		\$	
	Total	\$	125,000,000	\$	26,545,0000
th in	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in its offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, dicate the number of persons who have purchased securities and the aggregate dollar amount fitheir purchases on the total lines. Enter "0" if answer is "none" or "zero."		Musekar		Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		20	\$	26,545,0000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
s p	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all ecurities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months rior to the first sale of securities in this offering. Classify securities by type listed in Part-Question 1.		Tuna of		Dollar Amount
	Type of offering		Type of Security		Sold
	Rule 505	. <u>-</u>	N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
S:	a. Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the issuer, he information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.			-	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs		. 0	\$	0
	Legal Fees		. 🛛	\$	290,000
	Accounting Fees		0	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		٥	\$	
	Total		X	\$	290,000

, °	C. OFFERING PRICE, NUMBER OF INVE	ESTORS, EXPEN	ISES	AND USE OF PR	OC	EE	DS
- Qı	Enter the difference between the aggregate offering price uestion 1 and total expenses furnished in response to Perence is the "adjusted gross proceeds to the issuer."	art C - Question 4.a.	This)	Œ		\$124,710,000
to b furn payi	cate below the amount of the adjusted gross proceeds to the used for each of the purposes shown. If the amount for ish an estimate and check the box to the left of the expense listed must equal the adjusted gross proceeds soonse to Part C - Question 4.b. above.	r any purpose is not k estimate. The total	nown	; }			
				Payments to Officers, Directors, & Affiliates			Payments To Others
Sala	aries and Fees	•••••••••••••••••••••••••••••••••••••••	Œ	\$*		\$_	
Pur	chase of real estate	•••••		\$			
Pur	chase, rental or leasing and installation of machinery and e	equipment		\$		\$_	
Con	struction or leasing of plant buildings and facilities	••••••		\$		\$	
offe	uisition of other businesses (including the value of securiting that may be used in exchange for the assets or sever pursuant to a merger)	curities of another	П	\$	П	•	
	ayment of indebtedness		_				
					_	_	
	king capital						
	er (specify) (investment in health care and life scie	·		\$	-		
Colı	ımn Totals	•••••••••••	X	*	- (XI)	\$ _	124,710,000
Tota	al Payments Listed (column totals added)			·· 🛭 S 💆	12	4,7	10,000
	D. FED	ERAL SIGNATU	RE				
signatu	suer has duly caused this notice to be signed by the under are constitutes an undertaking by the issuer to furnish to the ation furnished by the issuer to any non-accredited investor	e U.S. Securities and	Exch	ange Commission, upo	d un n wr	ider itten	Rule 505, the follo request of its staf
•	Print or Type) Accelerated Technologies II, L.P. Accelerated Technologies II GP, LLC, General Partner	Signature			Da Ja	te nua	ary ^{/)} , 2008
ame (F	Print or Type) David Hochman	Title (Print or Type		aging Member			
				<u> </u>			<u></u>
_	gement fee, payable quarterly in advance, of 2.5% ite limited partner commitments.	% per annum of th	ne Fu	nd's			
		ATTENTION					<u></u>
		ALIENTION					

END

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).